



Brooklyn Child Care, Inc.
VA NY Harbor Healthcare System
Brooklyn Campus
800 Poly Place
Brooklyn, New York 11209
718-630-2831



Child's Name _____

Date of Birth _____ Home Phone _____

Address _____

Mother's Name _____

Father's Name _____

Persons other than parents who are authorized to pick up my child or to who
Brooklyn Child Care, Inc. can contact in case of emergency:

1. Name _____ Phone _____

Relationship to Child _____

2. Name _____ Phone _____

Relationship to Child _____

Physician name: _____

Breakfast is served from 8:30-9:00AM

Snack is 2:30-3:00PM

Child's Weekly Schedule:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

What hours will your child usually be at the center? Arrive--am pm

Depart am pm

Date

Signature of parent/guardian _____